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TB CARE I

TB CARE I - Kenya

**Year 2
Quarterly Report
July-September 2012**

October 30, 2012

Quarterly Overview

Reporting Country	Kenya
Lead Partner	KNCV
Collaborating Partners	MSH
Date Report Sent	30-Oct-12
From	Ms. Sara Massaut, Country Director
To	Dr. Maurice Maina, USAID Country Mission
Reporting Period	July-September 2012

Technical Areas	% Completion
1. Universal and Early Access	60%
2. Laboratories	100%
3. Infection Control	75%
4. PMDT	100%
5. TB/HIV	0%
6. Health Systems Strengthening	83%
7. M&E, OR and Surveillance	83%
8. Drug supply and management	100%
Overall work plan completion	75%

Most Significant Achievements

Use of innovative technology to improve DLTLD Programme management—the first in Africa!

With USAID support, the first phase of implementation of an innovative Information and Communication Technology (ICT) solution to improve Programme Management at the DLTLD is successfully completed. The ICT solution is based on a two pronged approach that will enable managers to easily access data for informed decisions at all levels;

1. Strengthening and improving recording and reporting with real time data from the facility level up to the central unit, as well as provision of feedback
2. Strengthening and improving governance and accountability through utilization of *Mpesa* to make payments for supervision and MDR TB patient support.

This innovative Programme Management system is the first of its kind to be implemented in Africa. The initial development of the system and pilot phase at the field level is completed and the next steps involve the launch and roll out in all the regions of the country.

TB CARE I has handled the contractual issues with Safaricom as well as provided technical support for the development of the system and piloting.

Laboratory Support for EQA strengthening

TB CARE I project has continued to support EQA activities in all regions countrywide. With support from APA 2, there has been an improvement in both the EQA coverage and quality of EQA services. The EQA coverage improved from 78% (October to December 2011) to 86%(April to June 2012). Regarding the quality of EQA services, the proportion of major errors for the last three quarters (Oct-Dec 2011 to April to June 2012) has remained below the allowable 5%. However, the most recent EQA data (April to June 2012) shows that the proportion of major errors dropped from 5% to 2.5% making an overall performance of more than 97% countrywide (see photo album page).

Programme Data monitoring support

Kenya is in the process of developing an electronic patient based recording and reporting system. However, data capture tools are required to collect data at the facility level. TB CARE I funding has supported the printing of enough data capture tools to support the implementation of the electronic surveillance system through the last phase of TB CARE I funding. The materials printed include the following:

1. Patient Record cards - 100,000 copies
2. Sputum Request Forms - 3000 copies
3. Facility supervision tools - 2500 copies
4. Facility treatment Register - 3000 copies
5. AFB Registers for Health centers - 1000 copies
6. AFB Registers for District hospitals - 1000 copies
7. Laboratory Workload Summary - 210 copies.

The data capture materials will be distributed to facilities in all the regions to support the monitoring and evaluation of the TB program activities.

Overall work plan implementation status

The overall work implementation status is about 75%. The project start up was delayed earlier in the year

The overall work implementation status is about 75% for the project start up has delayed earlier in the year and this affected implementation. However, savings from APA 2 will be carried over to the APA 3 workplan and will be most likely programmed as additional support for the Safaricom/ICT solution activities.

Technical and administrative challenges

Technical challenges: The implementation of Gene Xpert in the country is not well coordinated. There are 22 Gene Xpert machines in the country out of which 3 machines were procured and continue to be supported by TB CARE I. The rest of the Gene Xpert machines are supported by different partners in the country. The national data on the number of tests conducted using the 22 Gene Xpert machines is not available. Data is only available for the 3 Gene Xpert machines supported by TB CARE I. TB CARE I office will try to bring this issue to the attention of DLTLD in the next phase.

Administrative challenges:

Due to unforeseen circumstances several TB CARE I staff contracts were not extended. This timing coincided with the preparation of the quarterly finance report and thus created a major challenge. However, additional support was provided to assist the existing finance team to produce the report according to the timeline.

In-country Global Fund status and update

Kenya has received from the Global Fund two Single Stream of Funding (SSF) for Tuberculosis, grant numbers are KEN-S11-G11-T and KEN-S11-G12-T. The duration for both grants is from 01 January 2011 to 30 June 2013 and phase I is in progress. The Principle Recipient for grant number KEN-S11-G11-T is African Medical and Research Foundation (AMREF), the total signed amount is US\$ 6,017,973 while the latest performance rating for this grant is B1 (adequate) as of 15th May 2012. The Principle Recipient for grant number KEN-S11-G12-T is Ministry of Finance of Kenya, the total signed amount is US\$ 15,410,141 and the latest performance rating is A2 (meeting expectations) as of 28th September 2012.

Kenya has just submitted a proposal for the second phase for Single Stream of Funding to start from 1st July 2013 to June 30th 2015. The first phase ends on 30 June 2013.

Quarterly Technical Outcome Report

Technical Area	1. Universal and Early Access							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with the services provided (Population/Patient Centered Approach)	1.1.3 Patients' Charter is implemented Indicator Value: Score (0-3) based on definition	2	2011	3	2012	2	Patient Charter implementation: Assessment for patient charter knowledge among HCWs and patients planned for October 2012. MDR TB Support groups: 2 MDR TB support groups were formed. Quarterly meeting for the MDR TB groups held Outreach activities: Monthly outreach was done in all 5 supported regions (Rift Valley Nairobi, Central, Eastern and Coast). A total of 2,484 community outreach sessions were conducted 68, 975 people were reached with TB messages during the outreach sessions. This was done in schools, community meetings and in religious meetings.	Challenge: The Patient charter and ISTC knowledge assessment was delayed and the activity will be completed in October 2012.
	1.1.4 Gender and poverty policy document developed Description: Indicator Value: Yes/No Level: National Source: Activity report	N	2011	Y	2012	Y	Gender and Poverty Policy Guidelines have been finalized.	With the Policy Guidelines in place, the next steps is to use the guidelines to increase TB case finding in the target district.
	1.1.5 Increased TB case finding in the target districts Description: Indicator Value: Percent Level: District Source: District TB register Means of Verification: Supportive supervision Numerator: Number of TB cases registered per current quarter Denominator: Number of TB cases recorded in same quarter of the previous year	TBD	2011	15%	2012	N/A	Activity not done. The Gender and Policy Guidelines have been finalized towards the end of the quarter and the printing of the guidelines is not yet done.	

1.2 Increased quality of TB services delivered by all care providers (Supply)	1.2.1. Appropriate tools from the PPM Toolkit is implemented Indicator Value: Score (0-3) based definition disaggregated by the tools selected by NTP-National Situational Analysis	1	2011	2	2012	3	Status of PPM implementation is 3 based on the scoring system (the country has started implementation of the PPM strategy). 7 out of the 14 PPM tools targeted in APA 2 are being implemented. These tools include: Advocacy & Communication M&E ISTC Private practitioners Workplaces TB/HIV Collaboration PMDT	Next step: Continue to implement PPM activities aimed at increased case finding.
	1.2.5 Proportion of TB cases (all forms) notified by Non-public providers in project sites Description: TB cases notified by private health facilities, work place and other non-public facilities Indicator Value: Percent Level: District Source: Activity report Means of Verification: Supportive supervision Numerator: number of TB Cases notified in non public providers in project districts Denominator: number of total cases notified by the project districts	TBD	2011	TBD	2012	Data to be provided in March 2013	2011: 9% (9,039 out of 103,981 cases notified in 2011). 2012: Data available by March 2013	

Technical Area	2. Laboratories							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
2.1 Ensured capacity, availability and quality of laboratory testing to support the diagnosis and monitoring of TB patients	2.1.2 Laboratories with working internal and external quality assurance programs for tests that they provide including: a) smear microscopy, b) culture, c) DST, and d) rapid molecular test Indicator Value: Percent Numerator: Number of laboratories enrolled in EQA program meeting description above both nationwide and TB CARE areas.(Maintain EQA coverage of APA 1 =1239 labs) Denominator: All laboratories (national and TB CARE areas separately) that perform one or more of the above TB diagnostics = 1549 labs	80 (1239/1549)	2011	80	2012	86%	Data for EQA: EQA coverage for April to June 2012 was 86% Total number of slides rechecked: 13,277 1426 out of 1657 laboratories from 10 out of the 12 TB regions participated in EQA. Error rates: (HFP + HFN) is 2.5% Data for July to September 2012 will be available next quarter The Annual EQA Review meeting was held in July 2012 with support from Global Fund. This meeting brought together all the Provincial Medical Lab Technologists and decisions were made to facilitate early submission of EQA reports from the field.	The plan was to support EQA activities for two quarters. This has been successfully completed.
	2.1.5 proportion of retreatment specimens submitted for culture/DST Description: percentage of retreatment sputum samples submitted to central reference laboratory for culture/DST Indicator Value: Percent Level: National Source: activity report Means of Verification: Numerator: Number of retreatment specimens submitted=about 75000 Denominator: Number of total retreatment cases notified=about 10,000	70 (7000/10000)	2011	75	2011	83 (8,870 out of 10,686)	A total of 2212 retreatment specimens received in CRL during the quarter (July 2012-824, August 2012- 736, September 2012-652) For 2011, 83% of retreatment cases (8870 out of 10686) were screened for drug resistance at the CRL.	
2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans	2.3.1 New technologies have been introduced Indicator Value: Number for each technique below by Central, Provincial, district and Peripheral levels 1. TB culture 2. First line DST 3. Second-line DST 4. HAIN MTBDRplus 5. GeneXpert 6. LED microscopy	1 (GeneXpert)	2011	1	2012	1	Central level (CRL)- Gene Xpert: GeneXpert - 1 Provincial level (Gene Xpert) 1.Coast region-3 supported by TB CARE I 2. Nyanza North - 3 (2-CDC, 1- MSF, B) 3. Eastern South - 1 (World Bank) 4. Rift Valley North - 7 (1-World Bank, 5- AMPATH, 1-Walter Reed) 5. Western - 1(World Bank) 6. North Eastern - 2 (World Bank, IOM) 7. Nairobi - 4 (Nairobi hospital, Aga Khan hospital, University of Nairobi, MSF, F).	TB CARE I will continue to support the implementation of Gene Xpert in APA 3

	<p>2.3.2 Laboratories offering rapid tests for TB or drug-resistant TB Indicator Value: Number of laboratories Numerator: Number of laboratories using GeneXpert MTB/RIF and HAIN MTBDRplus disaggregated by type of technology and also disaggregated by national and TB CARE areas.</p>	3 (GeneXpert)	2011	3	2012	3	<p>1 laboratory using HAIN MTBDRplus (CRL)</p> <p>3 laboratories supported by TB CARE I using Gene Xpert in Coast Region (Coast Provincial General Hospital, Likoni District Hospital and Portreitz District Hospital)</p> <p>There are 22 Gene Xpert machines in the country. 3 are supported by TB CARE I, the rest are supported by different partners.</p>	<p>The calibration of the Gene Xpert machines has been delayed. This was planned to take place in September 2012. This was due to delayed delivery of calibration kits from Cepheid (France). The kits have arrived (in October 2012) and the calibration will be done in the next quarter.</p>
	<p>2.3.3 Rapid tests conducted Indicator Value: Number of tests Numerator: Annual number of tests (separately for GeneXpert MTB/RIF and HAIN MTBDRplus) conducted disaggregated by national and TB CARE areas.</p>	0	2010	2000 (GeneXpert)	2012	1084 samples tested (Oct 2011 to Sept 2012)	<p>3 laboratories in Coast supported by TB CARE I to implement the 3 Gene Xpert machines procured by TB CARE I. Follow up and support supervision was done quarterly</p> <p>A total of 292 samples tested during the quarter: -138 cases were MTB positive -8 were new TB cases (7 were HIV positive smear negative, 1 MDR contact) -6 cases were Rif resistant (on 2nd line TB treatment)</p> <p>The Laboratory technical Officer for TB CARE I in Kenya participated in the Gene Xpert training workshop for TB CARE I Laboratory Officers and Consultants in the Hague, Netherlands in September 2012.</p> <p>The country will benefit from this technical support is useful in supporting the roll out of Gene Xpert implementation country wide.</p>	<p>Challenges: Coordination of Gene Xpert in the country is a problem and therefore the national data for number of tests conducted by Gene Xpert countrywide is not available. Data is only available for the Gene Xpert machines support by TB CARE I.</p> <p>During the quarter, one of the Gene Xpert machines (Portreitz Hospital) was not functional due to technical challenges but this has now been resolved.</p> <p>Next step: TB CARE I Country Director will bring this to the attention of NTP in the next project phase.</p>

Technical Area	3. Infection Control							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
3.1 Increased TB-IC Political Commitment	3.1.4 TBIC training material developed Description: IC training materials developed Indicator Value: Yes/No Level: National Source: Activity report	N	2011	Y	2012	Draft materials developed to be finalized in October 2012	Draft TB IC training materials in place	A workshop to finalize the training materials scheduled to take place in October 2012
Technical Area	4. PMDT							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
4.1 Improved treatment success of MDR TB	4.1.5 MDR Patients getting patient support through TB CARE I Description: number of MDR patients getting patient support package through TB CARE I Indicator Value: number Level: National Source: Activity report Means of Verification: Finance report	160	2011	210	2012	296	296 MDR TB patients supported through TB CARE I (nutritional support, transport to health facility and back, clinical investigations) APA 2 funds were used to support the MDR TB patients for 6 months. The remaining months MDR TB patients received support from Global Fund.	The challenge has been ensuring the money gets to the patient in good time. It is expected that this will be addressed when the new ICT technology to support programme management is fully functioning. MDR patient support is one of the first elements to be implemented with this new system.
Technical Area	5. TB/HIV							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
5.2 Improved diagnosis of TB/HIV co-infection	5.2.5 TB/HIV sites with IPT tools Description: Number of TB/HIV sites with updated IPT tools Indicator Value: Number Level: National Source: Activity report Means of Verification: Supportive supervision Numerator: Number of TB/HIV sites with updated IPT tools	TBD	2011	220	2012	0	Activity not done. The IPT Tools have been finalized awaiting printing before they can be distributed to the TB/HIV sites.	Activity moved to APA 3.

Technical Area	6. Health Systems Strengthening							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
6.1 TB control is embedded as a priority within the national health strategies and plans, with matching domestic financing and supported by the engagement of partners	6.1.3 CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups Indicator Value: Yes/No	Y	2011	Y	2012	Y	TB ICC meeting held during the quarter with support from other funding sources.	During the preparation of the APA 3 work plan, the contribution of other partners was considered to avoid double funding.
	6.1.4 NTP ISO Certified Description: ISO certification Indicator Value: Yes/No Level: National Source: Activity report Means of Verification: Activity Delivery report	N	2011	Y	2012	N	<p>DLTLD is in the process of acquiring ISO certification status with support from TB CARE I funds.</p> <p>The process requires two external audits to be conducted by the Kenya Bureau of Standards. The first audit was done in the previous quarter.</p> <p>During the reporting quarter, the recommendations provided after the first audit were addressed through the support of a consultant in preparation for the next audit.</p>	<p>Next step: Conduct stage II audit next quarter before the ISO certification process is completed.</p> <p>The certification is expected to be achieved by end of December 2012.</p>
	6.1.6 Use of new technology in TB program Management Description: Realtime reporting using mobile technology in place for program management Indicator Value: Yes/No Level: National Source: Activity report Means of Verification: Service Delivery report	N	2011	Y	2012	N	<p>The first phase of implementation of an innovative ICT solution to improve Programme Management at the DLTLD is successfully completed.</p> <p>The ICT solution is based on a two pronged approach that will enable managers to easily access data for informed decisions at all levels; 1. Strengthening and improving recording and reporting with real time data from the facility level up to the central unit, as well as provision of feedback 2. Strengthening and improving governance and accountability through utilization of Mpesa to make payments for supervision and MDR TB patient support.</p> <p>The initial development of the system and pilot phase at the field level is completed and the next steps involve the launch and roll out in all the regions of the country.</p> <p>The launch will be done on Nov 26 during the Biennial meeting. Roll out has started in October 2012 with the Coast region.</p>	Challenge: There was a delay in the implementation of this activity but implementation was sped up and the first phase completed.

6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies and service delivery	6.2.1 Supervisory visits conducted according to country supervisory standards Indicator Value: Percent Numerator: Number of annual supervisory visits conducted to DOTs sites=16,000 visits Denominator: Number of annual supervisory visits planned=21,500 visits.	78%	2011	75%	2012	76%	<p>TB CARE I supports the DLTLD to conduct support supervision at all levels (national, provincial and district levels).</p> <p>October 2011 to July 2012 percent supervision conducted is 76% (21,224 visits conducted out of 27,897 visits scheduled).</p> <p>Monthly districts supervision coverage:</p> <p>October 2011 - 76%, November 2011 - 74%, December 2011 - 64%, January 2012 - 81% February 2012- 76% March 2012 - 80% April 2012 - 73% May 2012 - 77% June 2012 - 81% July 2012 - 79%</p> <p>Data for August and September to be provided next quarter</p>	<p>The data on supervision does not address the quality aspects of supervision. It only provides the number of supervision visits conducted compared to the number of planned supervision visits.</p> <p>There are plans to discuss with DLTLD how we can start looking at the quality of the supervision visits in the next funding phase.</p>
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Technical Area	7. M&E, OR and Surveillance							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
7.1 Strengthened TB surveillance	7.1.1 An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels Indicator Value: Yes/No	Y	2011	Y	2012	Yes	Technical assistance visit was made in June 2012 to support the development of Data Management manual and provide TA for the Data Management of the planned prevalence survey. Draft Data Management Manual was developed.	Next step: Finalize the Data management Manual (DMM). Next TA visit scheduled in October 2012 to support the DLTLTD with finalization of the Data Management Manual and integration of the ICT technology (Safaricom) with the electronic surveillance system.
	7.1.2 Diagnosed cases captured by routine surveillance system Indicator Value: Percent Numerator: Number of cases in the routine surveillance system Denominator: Total number of cases in the routine surveillance system including laboratory and clinical diagnostic registers including in private sector.	TBD	2011	TBD	2012		Activity not done	National Electronic reporting system not yet in place. This is expected to be in place by end of APA 3 (supported by the new ICT solution).


7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.2 NTP provides regular feedback from central to lower levels Indicator Value: Percent per quarter Numerator: Number of quarterly feedback reports prepared and disseminated to provincial level (24 feedbacks during 24 review meeting sessions) Denominator: Total number of expected provincial level review meetings with district TB program coordinators in a year (48 review meetings)	unknown	2011	50%	2012		During the reporting quarter, the central level made supervision visits to three regions: Nyanza North, Coast and Eastern South	Challenge: Regular feedback is not provided from the central to the lower levels as the supervision is not done regularly.
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Technical Area	8. Drug supply and management							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
8.1 Ensured nationwide systems for a sustainable supply of drugs	8.1.4 NTP request on TB commodity addressed Description: assistance on reducing clearance delay and emergency drug distribution Indicator Value: Number of requests addressed Level: National Source: Activity report Means of Verification: TB CARE I finance report	Unknown	2011	10	2012	5	A total of 5 requests were received from the DLTLD and all the 5 requests were addressed. 3 requests were to support distribution of drugs to three regions: Rift Valley North, Nyanza South & Western 2 of the requests were to support Clearance of anti-TB drug shipments from the airport (this was done in March and May 2012). There was no support provided for clearance of drugs during this quarter. This activity is supported when need arises as long as the budget is not exhausted. All the requests received during the year were supported.	Activity completed.

Quarterly Activity Plan Report


1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with the services provided (Population/Patient Centered Approach)	1.1.1	Scale up Patients' charter implementation by enhancing patient engagement	KNCV	88,235	<div><div></div></div> 50%	Sept	2012	<p>Patient Charter implementation: The project planned to assess the knowledge of TB Patients' Charter and ISTC in areas where KANCO is implementing TB activities. Data collection tools for the assessment have been developed. Assessment to be done in October 2012.</p> <p>MDR TB Support groups:2 MDR TB support groups were formed and the first quarterly meeting for the groups held.</p> <p>Outreach activities: TB Advocates previously trained by TB CARE I APA 1 funds are facilitated to conduct community outreaches aimed at creating more awareness on TB at the community level as well as support TB patients to adhere to treatment.</p> <p>Monthly outreaches were done in all the supported 5 regions (Rift Valley Nairobi, Central, Eastern and Coast). A total of 2,484 community outreach sessions were conducted by the TB Advocates and 68, 975 people were reached with TB messages. This was done in schools, community meetings and in religious meetings.</p>



	1.1.2	Pilot ICF using "TB Case Finding SOP"	MSH	16,682	 50%	June	2012	<p>1. Draft SOP developed</p> <p>2. Reconnaissance mission to both Narock and Kajiado counties was done mid June 2012</p> <p>3. PHMT and selected DHMTs meeting was conducted mid Sept 2012 (18-19 Sept in Panafric Hotel):</p> <p>a). 32 participants from the field attended the 1-day meeting, including the PMO Rift valley DR. Wako.</p> <p>b). the team were happy and excited to initiate this strategy that will besides increasing TB case finding and increasingly protect health workers from contracting TB from patients & suspects</p> <p>4. Health workers training is now scheduled for the last week on November 2012; to allow time for MSH to recruit a Local consultant for this intensive activity.</p>
	1.1.3	Finalize Gender & Poverty Policy document	KNCV	5,882	 75%	Mar	2012	Gender and Poverty Policy Document has been finalized, awaiting printing.
	1.1.4	Pediatric Training material development	KNCV	10,623	 50%	Sept	2012	Draft pediatric training materials have been developed and shared with partners and provincial TB coordinators for further input before finalization.



Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2 Increased quality of TB services delivered by all care providers (Supply)	1.2.1	Adoption & implementation of appropriate tool from the PPM toolkit	KNCV	346,257	 70%	Sept	2012	<p>PPM tools being implemented include: Advocacy & Communication, M&E, ISTC, Private practitioners, Workplaces, TB/HIV Collaboration and PMDT.</p> <p>Please note that activity lines 1.2.1.1 to 1.2.1.3 are sub activities for 1.2.1 just to provide more detailed information on the activities implemented by KAPTLD (KAPTLD is a local organization that is spearheading PPM activities in the country).</p> <p>The total budget for the PPM activities implemented by KAPTLD is 346,257 USD (which includes the budget for 1.2.1.1 to 1.2.1.3). The completion score of 70% is for the cumulative KAPTLD activities implemented so far.</p>

	1.2.1.1	Improve quality and standardize TB diagnosis and treatment by all providers	KNCV	101,533		Sept	2012	<p>The project planned to map all health facilities in the urban areas where KAPTLD implements their activities. A total of 639 health facilities mapped in 7 urban towns (Nairobi, Rongai/Kitengela, Machakos/Athi River, Nakuru, Naivasha, Kericho, Mombasa and Eldoret)</p> <p>All the planned 3 trainings on TB bacteriology and EQA conducted for 55 laboratory technicians (M-27, F-28)</p> <p>All the planned 5 CMEs with professional organizations were held for Laboratory and Clinical Officers (153 participants).</p> <p>300 out of the targeted 480 (124%) supervision visits conducted for KAPTLD supported health facilities.</p> <p>242 out of the targeted 400 (61%) supervision visits conducted for KAPTLD supported diagnostic facilities (labs).</p> <p>Infection Control: All KAPTLD supported facilities (230 facilities) are provided with on the job training on IPC during supportive supervision visits. 44 facilities have been supported to develop IPC plans and 20 out of the 44 facilities are implementing TB IC plans.</p>
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	1.2.1.2	Improve TB case finding (early & complete TB case finding) and treatment outcomes for all forms of TB among vulnerable groups (PLHIV, diabetes & slum dwellers)	KNCV	39,111		Sept	2012	<p>Mapping done for providers and civil society organizations working with vulnerable groups in 4 districts: 146 organizations mapped (Nairobi-44, Mombasa-102). 27 are engaged in TB control activities.</p> <p>3 out of the planned 4 training sessions conducted for civil society organizations. 61 participants (males-39, females-22).</p> <p>Annual PPL workshop held in Mombasa for 197 HCWs (M-114, F-83).</p> <p>KAPTLD supported the establishment of health programs in 2 corporate companies - Bamburi Cement Ltd and Teachers Service Commission.</p> <p>A total of 2331 sputum specimens were collected from the 26 sputum collection sites within the slum areas (127 smear positive, treatment initiated).</p> <p>3 groups of MDR TB patients identified.</p> <ol style="list-style-type: none"> 1. Smile Again group based in Nairobi conducting photocopying business 2. Mills Self Help group based in Limuru rearing chicken for sale 3. Jikaze Self Help group based in Nairobi, conducting a cereals shop business.
	1.2.1.3	Enhance national TB surveillance system by promoting implementation of public health responsibilities by all providers managing TB	KNCV	41,094		Sept	2012	<p>All KAPTLD supported facilities provided with reporting and M&E tools. On job training of staff continued to be done during routine support supervision visits.</p> <p>KAPTLD in collaboration with MSH and DLTLD conducted a PPM workshop to finalize development of PPM policy document on TB and TB at the Workplace.</p> <p>7 feedback meetings with health care workers and KAPTLD staff to promote utilization of data for quality improvement of TB and TB/HIV services.</p>

 60%

2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing to support the diagnosis and monitoring of TB patients	2.1.1	Support EQA	MSH	100,096	 100%	Sept	2012	<p>EQA coverage for April to June 2012 was 86%.</p> <p>Total slides rechecked during the quarter: 13,277</p> <p>1426 out of 1657 laboratories in 10 TB regions participated in EQA during the quarter.</p> <p>Error rates: 2.5%</p> <p>TB CARE I APA 2 supported EQA activities for two quarters. The remaining two quarters were supported by Global Fund.</p>
	2.1.2	Support Specimen referral system	MSH	168,854	 100%	Sept	2012	<p>A total of 8,312 samples received in CRL (October 2011-786, November 2011-901, December 2011-675, January 2012 - 618, February 2012- 540, March 2012-634, April 2012- 605, May 2012- 756, June 2012- 585, July 2012- 824, August 2012- 736, September 2012-652).</p>
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date




2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans	2.3.1	Support utilization of new technologies for rapid test	KNCV	46,800	 100%	Sept	2012	<p>TB CARE I continued to provide technical support to the CRL and other peripheral laboratories countrywide.</p> <p>3 missions conducted to provide technical support for the implementation of Gene Xpert technology at the Coast region.</p> <p>A total of 1084 samples tested (Oct 2011 to Sept 2012):</p> <ul style="list-style-type: none"> -485 cases were MTB positive -23 were Rif resistant (on 2nd line TB treatment) <p>The Laboratory technical Officer for TB CARE I in Kenya participated in the Gene Xpert training workshop for TB CARE I Laboratory Officers and Consultants in the Hague, Netherlands during in Septemeber 2012.</p> <p>The country will benefit from this technical expertise in supporting the roll out of Gene Xpert implementation country wide.</p>
					 100%			





3. Infection Control			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.1 Increased TB-IC Political Commitment	3.1.1	Support TB IC training material development	KNCV	8,337	<div><div></div></div> 75%	March	2012	Draft TB IC training materials have been developed. A workshop to finalize the training materials is scheduled to take place in October 2012
					<div><div></div></div> 75%			


4. PMDT				Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Month				Year		
4.1 Improved treatment success of MDR TB	4.1.1	MDR TB patient support	KNCV	240,706	<div><div></div></div> 100%	Sept	2012	296 MDR TB patients supported through TB CARE I (meals, transport to health facility and back, clinical investigations) APA 2 funds were used to support the MDR TB patients for 6 months. The remaining months MDR TB patients received support from Global Fund.	
	4.1.2	GLC/PMDT TA	KNCV	12,649	<div><div></div></div> 100%	Sept	2012	Combined GLC and PMDT TA mission was conducted in September 2012. The TA provided an assessment of the implementation of PMDT activities and current achievements, reviewed and provided advice on the national scale up plan for MDR-TB management, the national guidelines and scale up plan for PMDT in Kenya.	
	4.1.3	MDR TB contact tracing	KNCV	24,671	<div><div></div></div> 100%	Sept	2012	504 contacts of MDR TB patients traced and screened. Contact tracing for MDR TB patients was only done for the 6 months that TB CARE I project was supporting MDR TB patients	
	4.1.4	PMDT Guideline revision, training material and SOP development	KNCV	8,824	<div><div></div></div> 100%	Sept	2012	Standard operating procedures, GeneXpert algorithm, Treatment regimen and Treatment curriculum have been developed.	
					<div><div></div></div> 100%				




5. TB/HIV			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.2 Improved diagnosis of TB/HIV co-infection	5.1.1	Printing of TBHIV SOPS and IPT tools	KNCV	10,588	<div><div></div></div> 0%	June	2012	The IPT Tools have been finalized awaiting printing before they can be distributed to the TB/HIV sites. Printing will be done in the next quarter.
					<div><div></div></div> 0%			

6. Health Systems Strengthening						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.1 TB control is embedded as a priority within the national health strategies and plans, with matching domestic financing and supported by the engagement of partners	6.1.1	Hold regular coordination meeting including CU staff meetings and partners meeting	KNCV	9,059	<div><div></div></div> 100%	Sept	2012	Monthly central unit meetings supported with representation of TB CARE I office.
	6.1.2	Hold joint SS and support Adhoc visits to the field	KNCV	7,588	<div><div></div></div> 100%	Sept	2012	DLTLD staff supported to accompany consultants to the field as follows: -Field visits to collect data for the safaricom system -Field visits to support Web based surveillance - Field visits to support GLC/PMDT TA mission
	6.1.3	Support ISO certification process and implementation of DLTLD	KNCV	16,976	<div><div></div></div> 100%	March	2012	DLTLD is in the process of acquiring ISO certification status with support from TB CARE I funds. The process requires two external audits to be conducted by the Kenya Bureau of Standards. The first audit was done in the previous quarter. Recommendations provided after the first audit have been addressed through the support of a consultant in preparation for the next audit ISO certification is expected to be achieved by December 2012 APA 3

	6.1.4	Resource management	KNCV	9,471	 50%	Sept	2012	Procurement process for the resource management (software to support inventory system) on going. The suppliers have been short listed but before the procurement, the software needs to be demonstrated for the DLTLD staff. meeting for demonstration has been scheduled to take place in October 2012.
	6.1.5	Introduce New technology for Operational management of TB program	KNCV	500,000	 75%	Sept		<p>The first phase of implementation of an innovative ICT solution to improve Programme Management at the DLTLD is successfully completed.</p> <p>The ICT solution is based on a two pronged approach that will enable managers to easily access data for informed decisions at all levels;</p> <ol style="list-style-type: none"> 1. Strengthening and improving recording and reporting with real time data from the facility level up to the central unit, as well as provision of feedback 2. Strengthening and improving governance and accountability through utilization of Mpesa to make payments for supervision and MDR TB patient support. <p>The initial development of the system and pilot phase at the field level is completed and the next steps involve the launch and roll out in all the regions of the country.</p>
	6.1.6	National workshop on sustainable financing	KNCV	6,982	 20%	March	2012	<p>Activity not done.</p> <p>Initial workshop preparations done through a consultative meeting held with key TB Control Partners in Kenya.</p> <p>Workshop postponed indefinitely</p>

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies and service delivery	6.2.1	TB program Supervision at all level	KNCV	1,123,328	 100%	Sept	2012	<p>October 2011 to July 2012 percent supervision conducted is 76% (21,224 visits conducted out of 27,897 visits scheduled).</p> <p>Monthly districts supervision coverage:</p> <p>October 2011 - 76%, November 2011 - 74%, December 2011 - 64%, January 2012 - 81% February 2012- 76% March 2012 - 80% April 2012 - 73% May 2012 - 77% June 2012 - 81% July 2012 - 79%</p> <p>Data for August and September to be provided next quarter.</p> <p>The data on supervision does not address the quality aspects of supervision. It only provides the number of supervision visits conducted compared to the number of planned supervision visits.</p> <p>There are plans to start looking at the quality of the supervision visits in the next funding phase.</p>
	6.2.2	Printing and distribution of data capture tools	KNCV	33,529	 100%	June	2012	<p>Data capture tools printed:</p> <ol style="list-style-type: none"> 1. Patient Record Cards - 100,000 pcs 2. Sputum Request Forms - 3000 pcs 3. Facility Supervision tools - 2500 pcs 4. Facility Treatment Register - 3000 pcs 5. AFB District registers - 1000pcs 6. AFB Health Centres Registers - 1000 pcs 7. Workload summary - 210 pcs
	6.2.3	Facilitate communication to coordinate implementation of the annual work plan of DLTL	KNCV	225,824	 100%	Sept	2012	DLTL staff provided with airtime and internet services
					 83%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	TA on web based surveillance	KNCV	21,181	 100%	June	2012	<p>TA visit was made by KNCV consultant (in June 2012) to support the development of the surveillance system in Kenya.</p> <p>During the TA visit, the consultant provided TA in the development of the Data Management Manual. A draft Data Management Manual was developed, to be finalized in the next quarter.</p> <p>A second TA is planned for October 2012.</p>

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1	Conduct Review Meetings at all level	KNCV	541,399	 100%	Sept	2012	<p>Regional review meetings: Each of the 12 regions has been supported by TB CARE I to conduct Quarterly Review meetings (QRM) for quarter 2 and quarter 3. A total of 24 meetings supported.</p> <p>During the QRM, data from the districts in the TB regions is shared and validated, challenges are addressed and best practices are shared to be implemented in all the districts. TB CARE I M&E Officers also attend the meetings and provide regular M&E related feedback through a presentation that is made to all the QRMs for all the regions.</p> <p>PTLC Meetings: TB CARE I supported two half yearly PTLCs Review meetings (March and September 2012). The PTLC meetings bring together the TB provincial teams and most of the partners implementing TB activities in Kenya. Half year data is shared and challenges addressed.</p>
	7.2.2	TA for mortality study	KNCV	25,628	 50%	Sept	2012	TA visit planned in October 2012
					 83%			

8. Drug supply and management				Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Month				Year		
8.1 Ensured nationwide systems for a sustainable supply of drugs	8.1.1	Improved commodity clearance from ports and support drug distribution	KNCV	14,118	<div><div></div></div> 100%	June	2012	Support provided to distribute drugs to three regions: Rift Valley North, Nyanza South & Western Support provided for Clearance of drug shipments for antiTB drugs in March and May 2012.	
					<div><div></div></div> 100%				

Quarterly MDR-TB Report

Country	Kenya
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Period	July-September 2012
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MDR TB cases diagnosed (laboratory confirmed) and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	112	59
Jan-Dec 2011	130	130
Jan-Mar 2012	21	21
Apr-Jun 2012	28	28
Jul-Sep 2012		
To date in 2012	49	49

Data to be provided in the next quarter report.

There is no diagnosed MDR patient not on treatment to the knowledge of the NTP.

Quarterly GeneXpert Report

Country	Kenya	Period	July-September 2012
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Table 1: GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-Sept 2012	Cumulative		
# GeneXpert Instruments	3	0	3	0	N/A
# Cartridges	1000	1440	2440	0	N/A

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
Procured	1	4	Coast General Hospital	PEPFAR COP FY10	TB CARE I (KNCV and MSH)
Procured	2	4	Likoni District Hospital	PEPFAR COP FY10	TB CARE I (KNCV and MSH)
Procured	3	4	Port Reitz District Hospital	PEPFAR COP FY10	TB CARE I (KNCV and MSH)
	4				
	5				
	6				
	7				
	8				

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
Procured	1	1000	Distributed to the 3 facilities	PEPFAR COP FY10	1000 cartridges received
Procured	2	1440	To be distributed to the 3 facilities according to consumption	PEPFAR COP FY11	1440 cartridges received

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)
Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

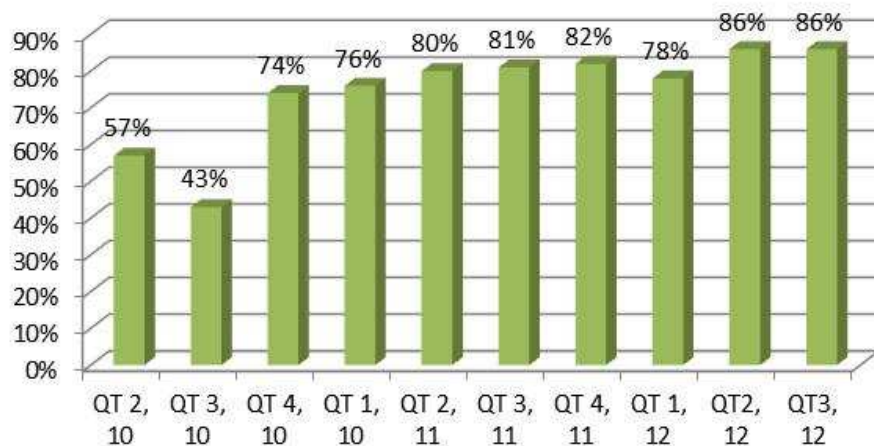
Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

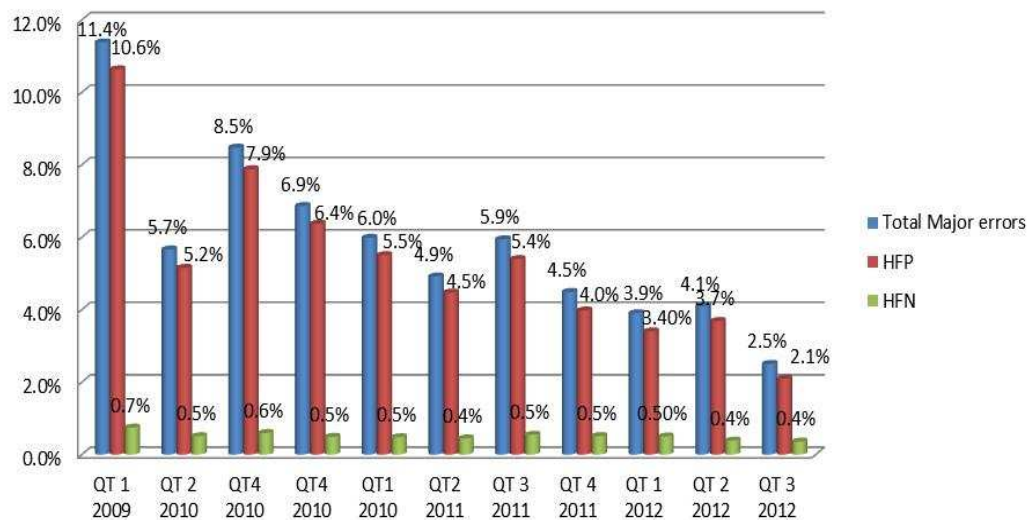
Quarterly Photos (as well as tables, charts and other relevant materials)

1. EQA Data

EQA coverage qt 2 '10 to qt 3 '12



ERROR RATES qt 1 2009-qt 3 2012



2. Community TB Outreach Activities

TB CARE I through KANCO (Civil Society Organization) is supporting The TB advocates (comprising of Ex-TB patients) to conduct community outreaches and create awareness on TB at the community level. The TB advocates conduct quarterly meetings where they review the activities they are implementing, address challenges together and share experiences. The photos below were taken during one of the TB advocates review meetings held in Nairobi in October 2012. The report is yet to come out and detailed information regarding the meeting will be provided in the next report.



TB advocates sharing his experience with the other TB advocates during the TB Advocates Review meeting



TB CARE I M&E Officer participates in the TB Advocates Meeting



3. Region TB Coordinators Half Year Review Meeting

TB CARE I has continued to support the DLTLD to improve the Programme Management by supporting Half year regional Review meetings for TB Provincial Coordinators and Quarterly Review meetings for District TB coordinators. The review meetings provide a good forum for DLTLD officers to share and validate data for the management of the TB program. During the reporting period, the PTLCs meeting was held in Naivasha from 24th to 28th September 2012. Several partners including WHO, USAID, KAPTL, KANCO, AMREF, IOM, EGPAF, AMPATH and Walter Reed participated in the meeting. The new TB CARE I Country Director made a presentation and shared the TB CARE I APA 3 workplan with the partners and DLTLD staff. The photographs below were taken during the recent PTLCs Review meeting in Naivasha.



Participants attentive during a presentation





Coast Region PTLC presents data during the PTLC meeting



The new TB CARE I Country Director makes a presentation during the PTLC meeting